PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. 10/661,363 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL September 12, 2003 Filing Date Michael S. DeFranks First Named Inventor For FY 2008 Examiner Name D. Suhol 3725 Applicant claims small entity status. See 37 CFR 1.27 Art Unit SMCY-P01-101 TOTAL AMOUNT OF PAYMENT (\$) 980.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 18-1945 Ropes & Gray LLP X Deposit Account Deposit Account Number:\_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Х Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 80 Plant 210 105 310 155 160 620 510 255 310 155 Reissue 310 Provisional 210 105 0 0 0 n **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 105 210 Multiple dependent claims 370 185

Total Claims Extra Claims			Fee (\$) Fee Paid (\$)		Fee Paid (\$)	<b>Multiple Dependent Claims</b>		
82	- 80 =	2	x	100	=		Fee (\$)	Fee Paid (\$)
HP = highest num	nber of tota	al claims paid	for, i	f greater tha	n 20.			

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 420 - 3 = HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	<u>Num</u>	ber of each additional 50 or fraction thereof	Fee (\$)		Fee Paid (\$)
10	00 =	/50 =	(round up to a whole number) x		=_	
4. OTHER FEE(S)						Fees Paid (\$)
Non-English Spec	cification, \$130 fo	ee (no smal	l entity discount)			
Other (e.g., late fi	ling surcharge): 1	252 Exter	sion for response within second month			460.00

SUBMITTED BY \					
Signature	V	Registration No. (Attorney/Agent)	L0365	Telephone	(617) 951-7034
Name (Print/Type)	Vasanth Sarathy			Date	May 27, 2008

I hereby certify that this paper (along with any paper referre		
the date shown below with sufficient postage as First Class	Mail in an envelope addressed to:	MS Amendment, Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450.		

Signature:

(Olufunke M. Tandoh)

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

			Com	plete if Know	n			
Effective on 12/08/2 Fees pursuant to the Consolidated Approp		Application Nun		10/661,363				
FEE TRANSI	ΜΙΤΤΔΙ	Filing Date		September 12, 2003				
I	<del></del>	First Named Inv		Michael S. DeFranks				
For FY 20	800	Examiner Name		D. Suhol				
Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit		3725				
TOTAL AMOUNT OF PAYMENT	(\$) 980.00	Attomey Docket	No.	SMCY-P01-10	1			
METHOD OF PAYMENT (check	all that apply)							
Check Credit Card	Money Order No	ne Other (	please identif	y):				
X Deposit Account Deposit Account N	Number: 18-1945	Deposit	Account Name	:Ropes	s & Gray LL	.P		
For the above-identified depo	sit account, the Director is	hereby authorize	ed to: (chec	k all that apply)				
x Charge fee(s) indicated	below	Charg	e fee(s) inc	licated below, ex	cept for the	filing fee		
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EX								
Fil		ARCH FEES	EXAMIN	IATION FEES				
Application Type Fee (\$	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)		
Utility 310	155 510	255	210	105		<del></del>		
Design 210	105 100	50	130	65				
Plant 210	105 310	155	160	80				
Reissue 310	155 510	255	620	310				
Provisional 210	105 0	0	0	0				
2. EXCESS CLAIM FEES					S	mall Entity		
Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissu	•				50	25		
Each independent claim over 3 (inclu	iding Reissues)				210	105		
Multiple dependent claims					370	185		
Total Claims Extra Claims		Paid (\$)	<u>Mu</u>	<u>Iltiple Depende</u>				
82 - 80 = $2$ x  HP = highest number of total claims paid for.			Fe	<u>e (\$)                                      </u>	ee Paid (\$)			
Indep. Claims Extra Claims	J	Paid (\$)		<del></del>				
$5 \qquad -3 = \qquad 2 \qquad x$		alu (\$)						
HP = highest number of independent claims								
3. APPLICATION SIZE FEE								
If the specification and drawings ex								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets	-	dditional 50 or frac			Fee Pa	nid (\$)		
- 100 = 4. OTHER FEE(S)	_ 150	(louid up to a wild	ie number)	×	Foos D			
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):	•	•	econd mo	nth	460	.00		
SUBMITTED BY \								
Signature V		Registration No. (Attorney/Agent)	L0365	Telephone	(617) 951-	7034		
Name (Print/Type) Vasanth Sarathy				Date	May 27, 2	2008		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S.	Postal Service on
the date shown below with sufficient postage as First Class Mail in an envelope addressed to: MS Amendment, Commissioner	for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450.	
Box 1450, Alexandria, VA 22313-1450.  Dated: 5/21/0 8  Signature: (Olufunke M. Tandoh)	
Dated:(Olufunke M. Tandoh)	